PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09784959

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHE	THAN
500				Column 1)		(Column 2)			TYPE		OR		ENTITY
FOR			NUMBER FILED			NUMBER EXTRA] [RATE	FEE]	RATE	FEE
BASIC FEE				1.00			A Participa		26-18	380.00	OR		760.00
TOTAL CLAIMS			of 3 minus		20=	• 73		1 [X\$ 9=		OR	X\$18=	127
INDEPENDENT CLAIMS minus 3 = * /						<u>/</u>	1 [X39=		OR	X78=	15	
MULTIPLE DEPENDENT CLAIM PRESENT] [+130=		OR	+260=	-1
* If the difference in column 1 is less than zero, enter "0" in column 2								•	TOTAL		OR	TOTAL	411-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CL REM AF AMEN		iG		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+ /	/2	Minus	**	97	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	*) OF M	Minus	PENIO		=		X39≃		OR	X78=	
	THIST THESE	I TINITO		JETIFEE DEI	LINU	ENT COAIM		' [+130=		OR	+260=	
								L. A	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
			ımn 1)			olumn 2)	(Column 3)				-		
AMENDMENT B		REM. AF	AIMS AINING TER DMENT		PR	HIGHEST HUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	##		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***	ENT OF 114	=		X39=		OR	X78=	
	FIRST PRESE	NIATIO	N OF ME	DETIPLE DEF	ENU	ENI CLAIM			+130=		OR	+260=	
								AD.	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMA AF	AIMS AINING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	ŀ		Minus	***		#		X39=		ı	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR		
	6.4h		4b **					L	130=		OR	+260=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 										OR ,	TOTAL ODIT FEE	
***	If the "Highest Nu The "Highest Nurr	mber Prev	viously Pai lously Pai	d For (Total or	S SPA Indep	CE is less tha endent) is the	n 3, enter "3 " highest number		DIT FEE L	ropriate box			